2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N96000001284

Feb 09, 2006 08:00 AM Secretary of State 1. Entity Name TEMPLE OF PRAISE CHURCH OF GOD IN CHRIST, INC. Principal Place of Business Mailing Address 10972 HEARTWOOD HILLS BLVD 10972 HEARTWOOD HILLS BLVD TALLAHASSEE FL 32317 TALLAHASSEE FL 32317 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt #, etc 1st MOORE CR2E037 (10/05) Applied For City & State 4. FEI Number City & State 59-3349264 Not Applicable Country \$8.75 Additional ZiD Zφ Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JONES, PASTOR DAVID Street Address (P.O. Box Number is Not Acceptable) 10972 HEARTWOOD HILLS BLVD. TALLAHASSEE FL 32311 Zip Cade City FI 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, SIGNATURE DATE (NOTE: Registered Agent signal the required when reinstating) Signature, typed or printed name of registered agent and the if applicable FILE NOW: FEE IS \$61.25 \$5.00 May Be Added to Fees Make Check Payable to 9. Election Campaign Financing [Trust Fund Contribution Florida Department of State Due By May 1, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE T Change Addition TITLE DAVIS, NETTIE NAME NAME 10972 HEARTWOOD HILLS BLVD STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32317 CITY - ST - ZIP CITY - ST - ZIP D TITLE ☐ Change Addition Delete TITLE JONES, DAVID NAME NAME 10972 HEARTWOOD HILLS BLVD STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32317 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE UQQQQQA224114 TITLE JONES, JENNIFER L NAME 02/21/06-20007-003 61.25 NAME STREET ADDRESS 10972 HEARTWOOD HILLS BLVD. STREET ADDRESS CITY - ST- ZIP TALLAHASSEE FL 32317 CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is tive and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

FILED

cc 219-8850